



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

David West, D.O.

Respondent Name

Comal ISD

MFDR Tracking Number

M4-17-3778-01

Carrier's Austin Representative

Box Number 29

MFDR Date Received

August 22, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "POST DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED"

Amount in Dispute: \$1,200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The medical received from Genesis Medical Management for the Impairment Rating of 5/26/17 documents this was a referral from the treating physician, Dr. Randall Marx. Per our telephone conversation with Dr. Marx's office however, they did not refer the claimant to Dr. West ... It is our position that Dr. West was not approved to render this Impairment Rating and denial should be maintained."

Response Submitted by: Claims Administrative Services, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 26, 2017	Examination to Determine Maximum Medical Improvement & Impairment Rating	\$1,200.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §130.1 sets out the requirements for certification of maximum medical improvement and impairment rating.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 171 – The rendering provider is not eligible to perform the service billed.
 - 185 – The rendering provider is not eligible to perform the service billed.

Issues

Are Comal ISD's reasons for denial of payment supported?

Findings

David West, D.O. is seeking reimbursement of \$1,200.00 for an examination to determine maximum medical improvement and impairment rating performed on May 26, 2017. Comal ISD denied the disputed services with claim adjustment reason codes 171/185 – "THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED." Additional notes on the Explanation of Benefits dated July 11, 2017, states, "WE HAVE IN WRITING THE PATIENTS TREATING DR THAT HE DID NOT REFER HER TO DR. WEST FOR AN IR. IN ADDITION WE WERE ADVISED BY ... GENESIS THAT THIS REFERRAL WAS FROM THE CLAIMANT'S ATTORNEY AND NOT THE TD. DENIAL IS MAINTAINED."

28 Texas Administrative Code §134.250(2) states, "A health care provider shall only bill and be reimbursed for an MMI/IR examination if the doctor performing the evaluation (i.e., the examining doctor) is an authorized doctor in accordance with the Labor Code and Chapter 130 of this title."

28 Texas Administrative Code §130.1(a)(1) states:

Only an authorized doctor may certify maximum medical improvement (MMI), determine whether there is permanent impairment, and assign an impairment rating if there is permanent impairment.

(A) Doctors serving in the following roles may be authorized as provided in subsection (a)(1)(B) of this section.

- (i) the treating doctor (or a doctor to whom the treating doctor has referred the injured employee for evaluation of MMI and/or permanent whole body impairment in the place of the treating doctor, in which case the treating doctor is not authorized);
- (ii) a designated doctor; or
- (iii) a required medical examination (RME) doctor selected by the insurance carrier and approved by the division to evaluate MMI and/or permanent whole body impairment after a designated doctor has performed such an evaluation.

The documentation submitted by Claims Administrative Services, Inc. on behalf of Comal ISD supports that the examination in question was not referred by the injured employee's treating doctor. No evidence was found to support that Dr. West was the treating doctor, the designated doctor, or a RME doctor. Therefore, the division concludes that Dr. West was not authorized to perform the examination in question. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	_____
Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	October 6, 2017 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.